

**Debt Management Application****Application Guidelines**

Section 1

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Attention Applicants

This Department will only accept:

- Current application documents
- Legibly completed forms
- Complete application packets.

Refer to the instructions & checklist provided

Make all checks payable to:

“Arizona Department of Financial Institutions”

and

Mail the entire completed application packet all together to:

Arizona Department of Financial Institutions

Licensing Division

2910 N. 44th Street, Suite 310

Phoenix, AZ 85018

Make Copies of Your Entire Application Package Before Submission:

- The Department cannot make copies for you.

and

- If there are questions during the processing of your application, you will have the information available for reference.



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Instructions

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Instructions for License Application Under A.R.S. §6–701, *et seq.*

Licensing year is July 1 through June 30. Application fee is \$800.00

Qualifications: In order to qualify for the license the a applicant must be a United States citizen, of good moral character and not have been convicted of a crime involving moral turpitude

Application Name: The application name must be identical on all forms (e.g., articles, application, trade name certificate, bond, etc.) Identical means spaces, periods, comma's, etc. (e.g., "Company Name, L.L.C." would not be "Company Name LLC"). Failure to submit the required documents will delay the processing of your application while these items are being amended.

To submit an application to the Arizona Department of Financial Institutions you must have the following completed with the appropriate agencies and the approved copy(s) attached to your application.

Arizona State Corporation Commission
1300 W. Washington St., Phoenix, AZ 85007
Telephone (602)542-3135 or www.cc.state.az.us.

Arizona Secretary of State
1700 W. Washington St., Phoenix, AZ 85007
Telephone (602)542-6187 or www.azsos.gov

If you wish to apply as a Corporation contact the Arizona State Corporation Commission. You *must* submit an approved copy of your articles of incorporation and any amendments thereto with your application.

If you wish to apply as a Foreign Corporations, contact the Arizona State Corporation Commission. If your corporation has been incorporated in a state other than Arizona, the corporation must be authorized to conduct business in this state. You *must* submit a copy of the approved application for authority and a copy of your Articles of Incorporation from the state for which you are incorporated.

If you wish to apply as a Limited Liability Company, contact the Arizona State Corporation Commission. They will assist you in either forming under Arizona law or applying for registration to transact business in Arizona as a foreign limited liability company. You *must* submit an approved copy of the articles of organization (for domestic companies) or a copy of the approved registration (for foreign companies) with your application.

If you wish to apply as a Partnership, contact the Secretary of State. Limited Partnership's or Foreign Limited Partnership's need to contact the Secretary of State.. You *must* provide an approved copy of your partnership agreement

If you wish to apply as a Individual / Sole Proprietorship, contact the Secretary of State. You *must* use your own name when filing as an individual, otherwise you must register your DBA or trade name with the Secretary of State's see DBA/Trade Name below.

If you wish to apply as a DBA/Trade Name, contact the Secretary of State. If you wish to do business under a "DBA" or a "trade name", you must register your DBA or trade name. You *must* submit an approved copy of your certificate of trade name registration with your application.

Do not forward your application to this Department until you have received your approved documents from the Arizona State Corporation Commission and/or the Arizona Secretary of State.

Bond: The surety bond requirements range from \$5,000 to \$25,000. The amount of the bond in the sum of not less than five thousand dollars for licensees disbursing less than one hundred thousand dollars each year and for the following amounts based on the amounts disbursed by the licensee in the previous license year:

<u>Yearly Disbursements</u>	<u>Amount of Bond</u>
\$100,000 -- \$ 250,000	\$10,000
\$250,001 -- \$ 500,000	\$15,000
\$500,001 -- \$1,000,000	\$20,000
More than - \$1,000,000	\$25,000

Refer to statutes for further instruction before completing the bond. A continuous surety bond *must* accompany your application. This bond must be executed by the licensee as principal and a surety company that is authorized to do



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business in this state. Your insurance company can assist in obtaining the bond. In lieu of a bond, a certificate of deposit can be substituted.

You can not conduct business governed by Arizona Revised Statutes until you have been licensed by this department and for the location at which you have been licensed.

Application: To apply for licensing, complete all forms completely. Do not leave any questions unanswered. If a question does not apply to you or if the answer to the question is “none”, so state on the application. We do not accept applications that are not completely filled out. Make photocopies of the completed forms for your records, this department will not provide them for you.

Process Time: The time it takes to process an application is dependent on the completeness and accuracy of the forms submitted. If the submitted forms are not properly completed they will be returned to you. This may result in a substantial delay. Be sure to review the “Check List” attached. In the event your application is returned to you, or if the licensing section requests additional information, your prompt response will help reduce the processing time. If you fail to provide the necessary information needed to make our decision within the statutory required time frame, your license application will be withdrawn and you will have to reapply. Estimated processing time is at least 35 days if everything is included (please do not call for status until after that time frame)

License Issued: A license issued prior to or on the renewal date must renew for the new licensing year. You may choose to delay the issuance of the license until the beginning of the new licensing year if you; submit your application no more than forty-five (45) days prior to the new licensing year and your written request of postponement accompanies your application.

Branch Offices / Locations: If you wish to maintain one or more locations in addition to a principal place of business, you must first obtain a branch office license.

Fees: The non-refundable application fee and the twenty nine dollar (\$29.00) fingerprint processing fee for each fingerprint card must be submitted together with the completed application forms. You will be notified by this department at the time of license approval to submit the appropriate pro-rated licensing fee for your license type.

Personal History Statement (PH) And Fingerprint Card (FP): If the applicant is an individual he/she must complete both the PH and FP documents. If the applicant is a corporation a PH and FP must be completed by each of the (5) highest corporate officers who must also be an employee and active in the management of the corporation. In the event the corporation has only one officer, then any manager(s), director(s) or anyone in a managerial/responsible position should also complete a PH and FP. The PH and FP must be completed by each member of a Limited Liability Company. The Personal History Statements and Fingerprint Cards must be submitted to this department as part of the original application package. Again, do not leave any questions unanswered. Fingerprints must be done by a law enforcement agency. Prior to submitting a completed application, you will need to request the appropriate number of fingerprint cards from this website. Fingerprint fees must be submitted on a separate check from all other fee types.



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Statutes and Rules

Section 3

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A license granted by this Department entitles you to engage in that particular business for which the license is issued.

Be advised, however, that adherence to and compliance with all applicable Statutes and Rules is your responsibility.

Statutes and Rules may be found on the Department's website at www.azdfi.gov. They may also be obtained at the Main Public Library located at 1221 North Central Ave., Phoenix, or your attorney. Statutes and Rules may be purchased from the Secretary of State at (602) 542-4086 or www.azsos.gov

All fees charged are authorized, pursuant to, A.R.S. Section 6-126.

License Type	Statutes and Rules	Maximum License Issuance Time in Days
Advance Fee Loan Brokers	A.R.S. Section 6-1301 through 6-1310	60
Collection Agencies	A.R.S. Section 32-1001 through 32-1057 Rules R20-4-1501 through R20-4-1530	45
Commercial Mortgage Bankers	A.R.S. Section 6-971 through 6-985 Rules R20-4-1901 through R20-4-1911	120
Consumer Lender	A.R.S. Section 6-601 through 6-675 Rules R20-4-501 through R20-4-536	120
Debt Management	A.R.S. Section 6-701 through 6-716 Rules R20-4-601 through R20-4-620	60
Deferred Presentment	A.R.S. Section 6-1251 through 6-1263	120
Escrow Agents	A.R.S. Section 6-801 through 6-847 Rules R20-4-701 through R20-4-706	120
Money Transmitters	A.R.S. Section 6-1201 through 6-1219	120
Mortgage Brokers	A.R.S. Section 6-901 through 6-910 Rules R20-4-901 through R20-4-926	120
Mortgage Bankers	A.R.S. Section 6-941 through 6-948 Rules R20-4-1801 through R20-4-1812	120
Motor Vehicle Time Sales Disclosure Act	A.R.S. Section 44-281 through 44-295	45
Premium Finance Companies	A.R.S. Section 6-1401 through 6-1419	120
Trust Companies	A.R.S. Section 6-851 through 6-867 Rules R20-4-801 through R20-4-816	150



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Check List

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- ☐ One check for the \$800 application fee
- ☐ And one check for the total number of fingerprint cards
\$29.00 fee per fingerprint card (# of cards _____ x fee = \$ _____)
- ☐ Application (signed and notarized)
- ☐ Surrender Agreement (signed and notarized)
- ☐ W-9 Form/Request for Taxpayer Identification
- ☐ Bond (signed and notarized by surety and applicant)
- ☐ Financial Statement (signed & dated) ☐ Personal or ☐ Corporate
- ☐ Provide a blank copy of the contract intended to be used between the licensee and the debtor

• **The following items if applicable**

- ☐ Debt Management non-profit company information document
- ☐ IRS exemption status letter
- ☐ Letter stating compensation is not directly or indirectly received or collected from debtors.
- ☐ Articles Of Incorporation (approved copy) ☐ Amendments
- ☐ Articles Of Organization (approved copy) ☐ Amendments
- ☐ Foreign Authority (approved copy)
- ☐ Trade Name Certificate (approved copy)
- ☐ Partnership or Joint Venture Agreement (approved copy)

• **For each of the top 5 officers and the arizona operations manager (AOM)**

- ☐ Personal History Statements (signed and notarized in both locations)
- ☐ Driver license copies
- ☐ Fingerprint cards (Top portion identification data must be completed.)
- ☐ Letter of explanation for derogatory credit and/or criminal history issues

• **Did you remember to:**

- ☐ Answer all questions on all forms or complete with "None" or "NA"
- ☐ Sign and notarize all documents where applicable
- ☐ Make copies of the completed application supplements for your records
- ☐ Legible print or type all information on all documents
- ☐ Include all documents required before submitting application packet
- ☐ Make checks payable to: Arizona Department of Financial Institutions



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Application

Section 5

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Legibly print or type all information.

Do not leave any blank spaces. There must be an answer provided for each inquiry.

Therefore, if not applicable use "None" or "N/A".

Do not add attachments in lieu of completing our forms.

To The Superintendent Of Financial Institutions:

Tax ID#: _____

Application is hereby made for a license to engage in and carry on the business of a Debt Management Company, pursuant to Title 6, Chapter 6, Arizona Revised Statutes.

1. _____
Name of Applicant: (Furnish corporate, trade or individual's name under which business is to be conducted)

Business: Web Page Address _____ and _____ E-mail Address _____

2. _____
Address of principal office where business is to be conducted: (Number & Street, City, State & Zip)

3. _____
Mailing Address (if different)

4. Telephone number of principal office: (_____) - _____ Fax # (_____) - _____

5. Filling Status: ☐ Corporation ☐ Partnership ☐ Limited Liability Company ☐ Individual ☐ Other

6. If the applicant is a corporation complete the following, if not a corporation describe the nature of the business entity on a separate sheet.

A. _____
Place and date of incorporation

B. _____
If a foreign corp., date authorized to do business in Arizona

7. Show ownership interests. Must equal 100%, shareholders and applicable number of shares if a corporation or partners if a partnership, members if a limited liability company. Express ownership as a percentage.

Name of Owner Percent Name of Owner Percent

(Use separate sheet if necessary)

8. _____ (_____) - _____
Name Address (Number & Street, City, State & Zip) Telephone Number of the
officer or managing agent who is to have primary responsibility for the business to be conducted by the applicant:

9. Name and business address of the applicant, principal officers thereof if a corporation, trustees thereof if a business trust, partners thereof if a partnership, and managing agent thereof, are as follows: (Use separate sheet if necessary)

A. _____
(Name) (Capacity) (Years in Bus)

(Business Address) (Number & Street, City, State & Zip)

B. _____
(Name) (Capacity) (Years in Bus)

(Business Address) (Number & Street, City, State & Zip)



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C. _____
 (Name) (Capacity) (Years in Bus)

 (Business Address) (Number & Street, City, State & Zip)

D. _____
 (Name) (Capacity) (Years in Bus)

 (Business Address) (Number & Street, City, State & Zip)

E. _____
 (Name) (Capacity) (Years in Bus)

 (Business Address) (Number & Street, City, State & Zip)

10. State whether the applicant, or any officer, director, trustee, partner or managing agent thereof, has:

A. been convicted of any criminal offense other than a traffic violation? ☐ Yes ☐ No

B. had a final judgment issued against him/her in a civil action on account of fraud, misrepresentation or deceit? ☐ Yes ☐ No

C. filed bankruptcy within the last ten years? ☐ Yes ☐ No

11. State whether the applicant, or any officer, director, trustee, partner or managing agent thereof;

A. is interested in or connected with any other debt management company licensed by the Arizona Superintendent of Financial Institutions? ☐ Yes ☐ No

B. is currently licensed to conduct the business of debt management in any other state? ☐ Yes ☐ No

C. has at any time been licensed to conduct the business of debt management in this or any other state? ☐ Yes ☐ No

D. has at any time been denied by this or any other state a license to conduct the business of debt management? ☐ Yes ☐ No

E. has at any time had a license to conduct the business of debt management suspended or revoked by this or any other state? ☐ Yes ☐ No

Complete details must be furnished if your answer is yes in either question 10 or 11 a through e.

Affidavit

STATE OF _____)
) ss.

COUNTY OF _____)

I (Print Officer Name) _____, being duly sworn, depose and say that I have personal knowledge of the matters contained in and attached to this application and everything contained therein is true and correct to the best of my knowledge and belief; and that I have signed this application as (print official capacity) _____ of the above named applicant having full authority to sign such application in said capacity.

 (Date)

 (Officer Signature)

Subscribed and sworn to before me this _____ day of _____ 20 _____

 My commission expires

 (Notary Public)



Debt Management Application

Non-Profit Company Information Document

Section 6

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Legibly print or type all information.

Do not leave any blank spaces. There must be an answer provided for each inquiry. Therefore, if not applicable use "None" or "N/A".

Do not add attachments in lieu of completing our forms. If additional space is needed after completing the space provided for an inquiry on our form then make additional copies of that page or attach a separate sheet if additional space is still necessary.

You must maintain a bond and file an annual report with this Department.

To the Superintendent of Financial Institutions:

This information is presented regarding a non-profit organization intending to engage in and carry on the business of a **Debt Management Company**.

1. _____
Name of Debt Management Entity: (Corporate, trade or individual name under which business is to be conducted)
2. _____
Address of principal office where business is to be conducted: (Number & Street, City, State & Zip)
3. _____
Mailing Address (if different)
4. Telephone number of principal office: (_____) - _____ Fax # (_____) - _____
5. Filling Status: ☐ Corporation ☐ Partnership ☐ Limited Liability Company ☐ Individual ☐ Other
6. If the applicant is a corporation complete the following, if not a corporation describe the nature of the business entity on a separate sheet.
 - A. _____
Place and date of incorporation
 - B. _____
If a foreign corp., date authorized to do business in Arizona (_____) - _____
7. _____
Name _____ Address (Number & Street, City, State & Zip) _____ Telephone _____ Number of the officer or managing agent who is to have primary responsibility for the business to be conducted by the entity.
8. Name and business address of the applicant, principal officers thereof if a corporation, trustees thereof if a business trust, partners thereof if a partnership, and managing agent thereof, are as follows: (Use separate sheet if necessary)
 - A. _____
(Name) _____ (Capacity) _____ (Years in Bus) _____

(Business Address) (Number & Street, City, State & Zip)
 - B. _____
(Name) _____ (Capacity) _____ (Years in Bus) _____

(Business Address) (Number & Street, City, State & Zip)
 - C. _____
(Name) _____ (Capacity) _____ (Years in Bus) _____

(Business Address) (Number & Street, City, State & Zip)



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Non-Profit Company Information Document

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D. _____
 (Name) (Capacity) (Years in Bus)

 (Business Address) (Number & Street, City, State & Zip)

E. _____
 (Name) (Capacity) (Years in Bus)

 (Business Address) (Number & Street, City, State & Zip)

10. State whether the entity, or any officer, director, trustee, partner or managing agent thereof, has:

- A. had a final judgment issued against him/her in a civil action on account of fraud, misrepresentation or deceit? ☐ Yes ☐ No
- B. filed bankruptcy within the last ten years? ☐ Yes ☐ No

11. State whether the applicant, or any officer, director, trustee, partner or managing agent thereof;

- A. is interested in or connected with any other debt management company licensed by the Arizona Superintendent of Financial Institutions? ☐ Yes ☐ No
- B. is currently licensed to conduct the business of debt management in any other state? ☐ Yes ☐ No
- C. has at any time been licensed to conduct the business of debt management in this or any other state? ☐ Yes ☐ No
- D. has at any time been denied by this or any other state a license to conduct the business of debt management? ☐ Yes ☐ No

Complete details must be furnished if your answer is yes in either question 10 or 11 a through d.

AFFIDAVIT

STATE OF _____)
) ss.
 COUNTY OF _____)

I (Print Officer Name) _____, being duly sworn, depose and say that I have personal knowledge of the matters contained in and attached to this application and everything contained therein is true and correct to the best of my knowledge and belief; and that I have signed this document as (print official capacity) _____ of the above named entity having full authority to sign such application in said capacity.

 (Date)

 (Officer Signature)

Subscribed and sworn to before me this _____ day of _____ 20 _____

 My commission expires

 (Notary Public)



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Bond

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BOND NO. _____

KNOW ALL MEN BY THESE PRESENTS, That we, _____, as Principal, and _____, a Corporation, qualified and authorized to do business in the State of Arizona as Surety, are held and firmly bound unto the State of Arizona for the use and benefit of any injured person, in the sum of \$ _____, lawful money of the United States of America, to be paid to any person injured by the wrongful act, default, fraud or misrepresentation of the licensee or his employees and to the State of Arizona for the benefit of the person injured, for which payment well and truly be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH THAT:

WHEREAS, the above named Principal has made application to the Superintendent of Financial Institutions of the State of Arizona for license as a Debt Management within the meaning of Title 6, Chapter 6, Article 1, Arizona Revised Statutes, and is required by the provisions of such statutes to furnish a bond in the sum named above, conditioned as herein set forth:

NOW, therefore, if the Principal shall strictly, honestly and faithfully comply with the provisions of Title 6, Chapter 6, Article 1, Arizona Revised Statutes, and shall pay all damages suffered by any person injured by the wrongful act, default, fraud or misrepresentation of the licensee or his employees, or both, growing out of any transaction governed by the provisions of such statutes, then this obligation shall be void; otherwise to remain in full force and effect.

This bond shall become effective on _____, and shall remain in force until the Surety is released from liability by the Superintendent of Financial Institutions, or until this bond is cancelled by the Surety. The Surety may cancel this bond and be relieved of further liability hereunder by giving thirty days written notice to the Principal and to the Superintendent of Financial Institutions of the State of Arizona.

This bond shall be one continuing obligation, and the liability of the Surety for the aggregate of any and all claims which may arise hereunder shall in no event exceed the amount of the penalty hereof.

IN WITNESS WHEREOF, the seal and signature of the Principal hereto is affixed, and the corporate seal and the name of the Surety hereto is affixed and attested by its duly authorized officers at _____ this (date) _____

(Company Name)

Print Name of Principal Officer

By: _____

Signature of Principal Officer

COUNTERSIGNED:

If applicable

BY: _____

Arizona Resident Agent

Name of Surety Company

By: _____

Signature of Surety Company



Debt Management Application

License Surrender Agreement

Section 8

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Licenses may be issued before the completion of the investigation process of your application. This is due to the delay in obtaining certain verification of information provided to the Department in your application package. Please read, sign and notarize this form and return with the application package.

I have read and completely understand the conditions relating to issuance of this license and agree to surrender upon demand the license issued by the Department of Financial Institutions of Arizona, if any negative or derogatory information of any type is discovered during the investigation of the license application. If asked to surrender the license, I will do so immediately and cease conducting the business activity relating to the license.

Accepted

(Name of Company)

By: _____ (print) _____
(Signature of Principal Officer) (Name of Principal Signer)

Date: _____ (print) _____
(Title of Principal Signer)

Notarization Of Signature

State of _____)
) ss.
County of _____)

Subscribed and Sworn to before me, this _____ day of _____
year of _____ at _____
(City and State)

Notary Public

My Commission expires _____

Fingerprints must be done by a Law Enforcement Department.
See Arizona Administrative Code R20-4-103.

See Application Instructions under “Personal History Statement & Fingerprint Card” for fingerprint instructions; then order your fingerprint cards from our Department. To request fingerprint cards, go to the Licensing page of our website www.azdfi.gov or fax us your request at (602) 381-1225.

Fingerprint cards are forwarded to the Arizona Department of Public Safety for processing by the Federal Bureau of Investigation. The FBI sets the following rules for the submission of fingerprint cards:

One card per person

- **ORI Field on fingerprint card must have Phoenix, AZ information or be blank.** It cannot have another State’s information in that field. Do not use white out material.
- **Do not use a highlighter on the fingerprint card.** The FBI’s scanners cannot record the information if card contains highlighter.
- **Do not overlap the borders of the block in which you enter information.** The scanners cannot read information that overlaps the block.
- **Do not use whiteout on the fingerprint card.** If information on the card needs to be changed, you may use a white address label affixed within the blue borders of the block.
- **Do not overlap any information into the actual fingerprint area.**
- **Do not enter any information in the block entitled “Employer and Address”.** The Department will enter this information.
- **Do not enter any information in the block entitled “Reason Fingerprinted”.** The Department will enter this information.
- **Do not alter any preprinted information on the fingerprint card.**

Failure to adhere to these guidelines may result in the fingerprint card being returned and a new card required to be submitted.

Fingerprint fees must be on a separate check if other fees are being enclosed.

Make check payable to: Arizona Department of Financial Institutions



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Fingerprint Card Instructions

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Note

You may use any fingerprint card that is identical to the one show below, as long as there is no preprinted information on the card. All fields must be blank unless received from the Arizona Department of Financial Institutions.

Do not write in any field marked "Leave Blank". Complete all remaining identifying information fields. If there are fields that do not apply, enter N/A.

Review fingerprint card instructions above.

APPLICANT		LEAVE BLANK //Leave Blank//		TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME <u>NAM</u> FIRST NAME _____ MIDDLE NAME _____		FBI LEAVE BLANK //Leave Blank//	
SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>		OR //Leave Blank//		DATE OF BIRTH <u>DOB</u> Month Day Year	
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP <u>CTZ</u>		SEX <u>MALE</u> RACE <u>WHT</u> HGT <u>5'10"</u> WGT <u>175</u> EYES <u>BLU</u> HAIR <u>BRN</u>		PLACE OF BIRTH <u>POB</u>	
DATE _____ SIGNATURE OF OFFICIAL TAKING FINGERPRINTS _____		FOUR NO. <u>OCA</u> //Leave Blank//		LEAVE BLANK //Leave Blank//			
EMPLOYER AND ADDRESS //Leave Blank//		FBI NO. <u>FBI</u>		CLASS _____			
REASON FINGERPRINTED //Leave Blank//		ARMED FORCES NO. <u>MNU</u>		REF. _____			
		SOCIAL SECURITY NO. <u>SOC</u>					
		MISCELLANEOUS NO. <u>MNU</u> //Leave Blank//					

1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING		5. R. LITTLE	
6. L. THUMB		7. L. INDEX		8. L. MIDDLE		9. L. RING		10. L. LITTLE	
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				1. THUMB		2. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY	

Sample



Debt Management Application

Personal History Statement

Section 10

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The entries made in this form are subject to verification. Insure that they are complete and accurate since providing false information or omitting significant information in this form is a criminal offense. The information entered herein is for official use only and will be maintained in confidence.

Legibly print or type all information. Do not leave any blank spaces. There must be an answer provided for each inquiry. Therefore, If not applicable use "None" or "N/A"

Do not add attachments in lieu of completing our forms. If additional space is needed after completing the space provided for an inquiry on our form then make additional copies of that page or attach a separate sheet if additional space is still necessary.

A. GENERAL:

1.

	Mr. Ms. Mrs.			
Position (Title/Owner/RI/AM etc.)	Circle One	Name: Last	First	Middle
2.

	()			
Residence Address: Street	City	State	Zip	Res. Phone:
3. Social Security Number: _____ Date of Birth: _____ Place of Birth: _____
4. Alias(es) Nicknames, or changes in name: _____ Maiden Name (if any): _____
5. Height: _____ Weight: _____ Color of Eyes: _____ Color of Hair: _____
6. Scars, Physical Defects, Distinguishing marks: _____
7. Drivers License No. & State of Issue: _____ (Attach a Eligible copy of your License)
8. Do you have a history of mental or nervous disorder? ☐ Yes ☐ No
9. Are you now or have you ever used or been addicted to the use of habit forming drugs such as narcotics or barbiturates? ☐ Yes ☐ No
10. Have you ever used any narcotic drug, dangerous drug, hallucinatory drug or any other substance deemed to be unlawful to possess or use? ☐ Yes ☐ No
11. Are you now or have you ever been a chronic user to excess of alcoholic beverages? ☐ Yes ☐ No
12. Has an order, injunction or judgment, whether or not final, been entered against you in a civil action on account of fraud, misrepresentation or deceit? ☐ Yes ☐ No
13. Have you filed bankruptcy within the last 15 years? If yes, attach a complete copy of the bankruptcy discharge. ☐ Yes ☐ No

If the answer to any of the above is "Yes", furnish complete details in "Remarks" Section "T" page 3.

14. Are you presently a member of a Military Reserve or National Guard Organization? ☐ Yes ☐ No

If "Yes", complete the following. Grade: _____ Unit and Location: _____

B. CRIMINAL RECORD:**Have you ever been;**

1. detained, held, arrested, indicted, or summoned into court as a defendant in a criminal proceeding? ☐ Yes ☐ No
2. convicted, fined or imprisoned or placed on probation? ☐ Yes ☐ No
3. ordered to deposit bail or collateral for the violation of any law, ordinance, police regulation or military regulation? ☐ Yes ☐ No
4. detained, held or arrested for a traffic violation? ☐ Yes ☐ No

If the answer is "Yes" to ANY of the above questions, complete the following

Date	Offense	Location of Offense	Disposition

(Additional space available in "Remarks" Section "T" page 3)



Debt Management Application

Personal History Statement

Section 10

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C. EMPLOYMENT: (Show every employment you have had and all periods of employment for the past ten (10) years in chronological order with the most recent first. You Must Include Complete Addresses)

Date From / To	Name and Complete Address of Employer (include street, city, and zip) Resumes or Personal References – Are Not Accepted As Employment Verification	Position/ Title	Supervisor	Reason for Leaving

1. Did any of the above employment's require a security clearance? ☐ Yes ☐ No
2. Have you ever been refused Bond? ☐ Yes ☐ No

If the answer is "Yes", to either of the above explain in "Remarks" Section "I" page 3.

D. MEMBERSHIP: (in past and/or present organizations, show all memberships you have had for the past ten (10) years.)

Name of Organization	Type	Date From / To

E. EDUCATION: (Account for all schools attended other than primary grades K-8)

Dates From / To	Name and Location of School	Degree



Debt Management Application

Personal History Statement

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F. FAMILY: (Identify all family members, including children and siblings)

Relationship	Name	Current Address
Father:		
Mother:		
Spouse: (First and Maiden Name)		
Children/Brothers/Sisters:		

G. RESIDENCES: (Show all residences for the past ten (10) years in chronological order with the most recent first)

Date From / To	Street and Number and City	State and Zip

H. ATTACHMENTS:

1. Have you attached a **legible** copy of your drivers' license? ☐ Yes ☐ No
2. Have you attached your **completed** (according to the fingerprint card instructions) fingerprint card? ☐ Yes ☐ No
3. A letter of explanation and resolve of **any past or current derogatory credit or criminal issues**? ☐ Yes ☐ No ☐ N/A

If No, why not? _____

I. REMARKS: (Furnish complete details attach additional sheets if necessary)



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Read, sign & notarize both top & bottom portion of this document

Affidavit

STATE OF _____
)ss
 COUNTY OF _____

I certify that the above entries made by me are true, complete, and correct to the best of my knowledge and belief.

 (Date)

 (Signature)

Notarization of Signature

Subscribed and sworn to before me this _____ day of _____ 20 _____

 My commission expires:

 (Notary Public)

Affidavit (part 2)

STATE OF _____
)ss
 COUNTY OF _____

I, (Print Your Name) _____ in connection with
 (Print Company Name) _____ and pursuant
 to the provisions of the Arizona Revised Statutes, hereby authorize the Superintendent of Financial Institutions,
 the Attorney General of Arizona and their agents, to examine or receive a copy of any record maintained by the
 United States Armed Forces, or any Governmental Body, or any University, College or Board of Education of any
 state, or any bank or credit agency, relating to me, in the same manner and to the same extent as if I personally
 applied for the same, and I hereby authorize such records be disclosed or furnished in accordance with any request
 made by or on behalf of the Superintendent of Financial Institutions, the Attorney General of Arizona or their
 agents.

 (Date)

 (Signature)

Notarization of Signature

Subscribed and sworn to before me this _____ day of _____ 20 _____

 My commission expires:

 (Notary Public)



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Do not use for business statement

Legibly print or type all information

There must be an answer provided for each question. Therefore, if not applicable use "None" or "N/A"

Schedule's, details and descriptions must be completed in space provided and by attachments if necessary.

Total Assets must equal Total Liabilities and Net Worth

Describe any unusual assets or liabilities

Name _____ Financial Condition As Of _____ / _____ / _____ (mo/day/yr)

Address _____ City _____

State _____ Zip _____ Occupation _____

Customer at what financial institution _____ (office)

Assets	Amount	Liabilities	Amount
Cash in Bank		Notes Payable to Bank	
Cash in other Banks (detail)		Notes payable to Other Banks (detail)	
Ordinary Accounts receivable - Good		Ordinary Accounts Payable	
Due from Friends and Relatives (describe)		Due to Friends & Relatives (describe)	
Notes Receivable - Good (Sched 1)		Notes Payable to Others (describe)	
Mortgages Owned (Sched 1)		Automobile Loans or Leases	
Readily Marketable Securities (Sched 4)			
Other Securities (Sched 4)		Due to Brokers	
Cash Surrender Value of Life Insurance (Sched 5)		Loans on Life Insurance (Sched 5)	
Real Estate & Buildings (Sched 2)		Mortgages or Liens on Real Estate (Sched 3)	
Automobiles		Installment Loans	
Personal Property		Income Taxes Payable	
Other Assets (describe)		Other Taxes Payable	
		Other Liabilities (describe)	
		Credit Cards	
Total Assets		Total Liabilities	
		Net Worth (Assets Minus Liabilities)	
		Total Liabilities and Net Worth	

Approximate Annual Income and Expense

(exclusive of ordinary living expenses)

Income	Amount	Fixed Expenses	Amount
Salary From _____		Insurance Premiums	
Income from Securities		Rent or Mortgage Payments	
Real Estate Rental		Income Taxes (for year _____)	
Net Income form Business or Profession		Other Taxes	
Other (Alimony, child support or separate maint.)		Other (Include alimony, child support or	
		separate maintenance payments if you are	
		obligated to make them.	
Total Income		Total	

- Are the above evaluations on receivable conservative? ☐ Yes ☐ No (If no, explain by separate letter)
- Are any assets pledged or debts secured except as indicated? ☐ Yes ☐ No (If yes, itemize by debt and security)
- Do you have any contingent liabilities for guarantees, endorsements or otherwise? ☐ Yes ☐ No (If yes, explain)
- Do you do business with any other bank? ☐ Yes ☐ No (If yes, nature of business)



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5. If you are married are any of the above assets your spouse's separate property? ☐ Yes ☐ No (If yes, itemize)
6. Are there any suits, judgments, tax deficiencies or other claims pending or in prospect against you? ☐ Yes ☐ No (If yes, explain by separate letter)
7. Have you ever gone through bankruptcy or compromised a debt? ☐ Yes ☐ No (If yes, explain by separate letter)
8. Have you made a will? ☐ Yes ☐ No Who is named executor of estate? _____

Complete the following schedules

Schedule 1 - Notes and Mortgages Owned

Describe here or on separate sheet any important or unusual receivables.

Name Of Debtor	Amount Due	How Payable	Remarks (Include description & value of any security)

Schedule 2 - Real Estate and Buildings

Provide details of encumbrances on Schedule 3 opposite proper parcel number.

Parcel	Location & Description (Include improvements)	Monthly Income	Title In Name Of	Value On Land	Improvements	Encumbrances Amount	Fire Ins. Amount
No. #1							
No. #2							
No. #3							
No. #4							
No. #5							

What is the basis for the above valuations? (State whether cost, fair market value today or other basis) _____

Are there any properties held on joint tenancy? ☐ Yes ☐ No Parcel numbers _____

Schedule 3 - Real Estate Encumbrances

Parcel	Amt. Owning Per Sched 2	Nature Of Encumbrance And To Whom Payable	Interest Rate	Due Date	Payment Amount	*Are Interest & Principal Current.
No. #1						Yes <input type="checkbox"/> No <input type="checkbox"/>
No. #2						Yes <input type="checkbox"/> No <input type="checkbox"/>
No. #3						Yes <input type="checkbox"/> No <input type="checkbox"/>
No. #4						Yes <input type="checkbox"/> No <input type="checkbox"/>
No. #5						Yes <input type="checkbox"/> No <input type="checkbox"/>

*If any payments of principal or interest are delinquent provide details. _____

Are any taxes delinquent? ☐ Yes ☐ No (If yes, give amount and details) _____

Are there any unrecorded deeds, liens or other claims not shown above? _____



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Schedule 4 - Securities Owned

Attach separate schedule sheet if needed.

Stock - Shares, Bond Amounts	Description	Value Carried On This Statement	Current Market On Listed Amount		Estimated Value on Unlisted		
			@	Amount	@	Amount	Ann. Div

In whose name are the above securities held? _____

If in names of yourself and co-owner, are they joint tenancy? _____

Schedule 5 - Insurance

Public liability on autos \$ _____ Property Damage on Autos \$ _____

Life Insurance

Beneficiary	Amount Of Policy	Cash Value	Amount Of Liens	Net Cash Value
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

**I certify that the above information provided by me is true,
complete and correct to the best of my knowledge and belief.**

 Date

 Signature



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Name of Corporation: _____

Address _____ City _____

State _____ Zip _____ Telephone (____) _____

Financial Conditions At Close Of Business On ____ / ____ / ____ (MO/DAY/YEAR)

ASSETS		LIABILITIES	
Cash on Hand and in Bank	\$ _____	Accounts Payable - Not Due	\$ _____
Accounts Rec. Customers - Current	\$ _____	Accounts Payable - Past Due	\$ _____
Accounts Rec. Customers - Past Due	\$ _____	Notes Payable	\$ _____
Total Accounts Receivable	\$ _____	Notes Payable Other Banks	\$ _____
Less: Reserve Doubtful Accts.	\$ _____ \$ _____	Notes or Trade Acceptances Payable for Mdse.	\$ _____
Notes Receivable - Customers	\$ _____	Other Notes Payable	\$ _____
Less: Reserve Doubtful Notes	\$ _____ \$ _____	Portion of Equipment Contracts and Chattel	
Trade Acceptances Receivable	\$ _____	Mortgages Due Within One Year	\$ _____
Merchandise - Finished	\$ _____	Due Officers and Stockholders (Sched 2)	\$ _____
Merchandise - In Process	\$ _____	Due Controlled or Affiliated Concerns (Sched 6)	\$ _____
Merchandise - Raw Materials	\$ _____	Reserve for Income Taxes	\$ _____
Readily Marketable Securities (Sched 3)	\$ _____	Other Taxes Payable	\$ _____
		Accrued Liabilities	\$ _____
Net Cash Surrender Value of Life Insurance (Sched 1)	\$ _____	Portion of Long Term Debt Due within One Year	\$ _____
TOTAL CURRENT ASSETS	\$ _____	TOTAL CURRENT LIABILITIES	\$ _____
Real Estate and Bldgs. (Sched 4)	\$ _____	Real Estate Encumbrances (Sched 5)	\$ _____
Less: Reserve for Depreciation	\$ _____ \$ _____		
Machinery - Equipment - Fixtures	\$ _____	Non-Current Portion of Equipment Contracts	
Less: Reserve for Depreciation	\$ _____ \$ _____	and Chattel Mortgages	\$ _____
Automobiles and Trucks	\$ _____	Other Non-Current Debt (describe):	\$ _____
Less: Reserve for Depreciation	\$ _____ \$ _____		
Investments in Controlled or Affiliated Co. (Sched 6)	\$ _____	TOTAL LIABILITIES	\$ _____
Other Securities Owned (Sched 3)	\$ _____		
		Other Reserves (describe): _____	\$ _____
Due from Controlled or Affiliated Co. (Sched 6)	\$ _____		
Due from Officers and Stockholders (Sched 2)	\$ _____		
Other Non-Current Receivables	\$ _____	NET WORTH:	
		Preferred Stock	\$ _____
Deferred and Prepaid Items	\$ _____	Common Stock	\$ _____
		Capital Surplus	\$ _____
		Earned Surplus	\$ _____
		TOTAL NET WORTH	\$ _____
TOTAL	\$ _____	TOTAL	\$ _____



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CONTINGENT LIABILITIES (not already included) If none, so state.

On Acceptances, Contracts or Notes Discounted or Sold \$
 As Guarantor or Endorser for \$
 For Merchandise Consigned by Suppliers \$
 Otherwise (describe) \$
 Are any book accounts sold or assigned? Yes ☐ No ☐ Amount \$
 To whom?
 With Recourse? Yes ☐ No ☐

Has full provision been made on this statement for all doubtful receivables from customers and are the foregoing valuations on them conservative? Yes ☐ No ☐

Are any assets pledged or any debts secured except as indicated? Yes ☐ No ☐ If so, please itemize by debt and security.

COMMITMENTS:

Approximate Purchase Commitments \$
 Approximate Unfilled Orders on Hand \$
 Describe any other unusual commitments

Are there any judgments, suits, or any claims for tax deficiencies now pending or in prospect against the corporation? Explain

OPERATING RECORD FROM ____/____/____ (DATE) TO ____/____/____ (DATE):

If profit and loss statement does not fit your business, please attach a statement on your own form.

Net Sales for Period \$
 Cost of Goods Sold \$
 Gross Profit \$
 Selling Expense \$
 Administrative Expense \$
 General Expense \$
 Total Operating Expense \$
 Operating Profit \$
 Other Income \$
 Total Income \$
 Other Deductions \$
 Federal & State Income Tax \$
 Total Deductions \$
 Net Profit \$

Reconciliation of Surplus:
 Surplus at beginning of period \$
 Net Profit \$
 *Surplus Credits \$
 Total \$
 Dividends Paid \$
 *Surplus Debits \$
 Surplus as of this statement date \$

*If Surplus Adjustments involve important transactions please give details below:

Total Depreciation and Amortization included in above statement \$
 Deductions for Bad Accounts included in above statement \$
 Salaries to Executive Officers included in above statement \$

MONTHLY SALES

Please enter here your approximate sales by months during the past fiscal period:

Jan	Feb	Mar
Apr	May	Jun
Jul	Aug	Sept
Oct	Nov	Dec

Complete the following. Include the supporting schedules.

OTHER BANKS USED:

Name	City	Do you borrow there?	Maximum Debt Past Year
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$



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RENTAL: Does company rent? Yes ☐ No ☐
 Present monthly rental paid \$ _____
 Date of expiration of lease ____/____/____

CORPORATE INFORMATION: Under laws of what state are you incorporated? _____

Are all franchise taxes current? Yes ☐ No ☐

Are you authorized to do business in Arizona? Yes ☐ No ☐

Have all other legal requirements been met? Yes ☐ No ☐

No. of authorized common shares _____ Outstanding _____ Par value \$ _____

Year last div. paid _____ Annual rate if established \$ _____ No. of authorized pfd. shares _____

Outstanding _____ Par value \$ _____ Dividend preference \$ _____ Cumulative? _____

Div. Pd. to _____

Please list any trade styles used by the corporation _____

SCHEDULE 1 - INSURANCE

Fire Insurance:		Liability Insurance:	
On Merchandise	\$ _____	Public Liability on Owned Autos	\$ _____
On Mach'y, Equipt. and Fixtures	\$ _____	Property Damage on Owned Autos	\$ _____
On Buildings	\$ _____	P.L. and P.D. on Non-owned Autos	\$ _____
		Building & Elevator Pub. Liab.	\$ _____

Check all that are applicable to the coverage the corporation carries:

☐ Explosion Ins. ☐ Steam Boiler ☐ Auto Fire, Theft ☐ Business Interruption ☐ Products Liability
☐ Riot and Strike ☐ Auto Collision ☐ Workmen's Comp ☐ Robbery or Burglary ☐ Machinery Breakdown

Is the extended coverage endorsement attached to fire policies? ☐ Yes ☐ No

Do any policies contain a coinsurance clause? ☐ Yes ☐ No

Basis _____%

Is any insurance on a monthly reporting basis? ☐ Yes ☐ No

Are employees having custody or control of property adequately bonded? ☐ Yes ☐ No

Insurance on Lives of Officers, Directors or Other Executives Naming the Corporation as Beneficiary:				
Name of Insured	Amt. of Policy	Cash Value	Amt. of Loans	Net Cash Value
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____

SCHEDULE 2 - OFFICERS, DIRECTORS AND PRINCIPAL STOCKHOLDERS

Name	Title	Shares Owned		Officers and Stockholders Accts	
		Preferred	Common	Due to Corp	Due from Corp.

SCHEDULE 3 - SECURITIES OWNED - Please attach separate schedule if needed.

Stock - Shares, Bond - Amounts	Description	Value at Which Carried on Corp.'s Books	Current Mkt. on Listed		Estimated Value on Unlisted		
			@	Amount	@	Amount	Yearly. Div.



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SCHEDULE 4 - REAL ESTATE AND BUILDINGS - Please give details of encumbrances on Schedule 5 opposite proper Parcel No.

Parcel	Location and Description Include Nature of Improvements	Monthly Income	Title in Name of	Valuation on Corp.'s Books		Amount of Encumbrances	Assessed Valuation
				Land	Improvements		
No. 1							
No. 2							
No. 3							
No. 4							
No. 5							

Please designate by Parcel No. those properties used in the business _____
 Are taxes delinquent on any of your properties? ____ If so, please give amount and details _____

SCHEDULE 5 - REAL ESTATE ENCUMBRANCES

On Parcel Number Above	Amount owing per Sched. 4	Nature of Encumbrance And To Whom Payable	Int. Rate	Due Date	How Payable	Are Int. * and Prin. Current?
#1 above						
#2 above						
#3 above						
#4 above						
#5 above						

*If any payments of principal or interest are delinquent, please give details _____
 Has foreclosure been instituted? _____ Details _____

SCHEDULE 6 - INVESTMENTS IN AND ACCOUNTS WITH AFFILIATED CONCERNS

Name of Affiliate	Investments				Intercompany Accounts	
	Com. or Pfd.	No. of Sh.	% Owned	Value on Books	Free to Corp.	Owning by Corp.

SCHEDULE 7 - PRINCIPAL SUPPLIERS - Please list concerns from which you buy large quantities and approximate amount due them on statement date.

Name and City	Amount Owed \$	Name and City	Amount Owed \$
	\$		\$
	\$		\$

GENERAL REMARKS - Please explain here or in a supplementary letter any important differences between carrying values and actual values, any unusual receivables or payables of importance, or any other factors which have a bearing on interpretation of your financial statement. _____

I certify that the above information provided by me is true,
 complete, and correct to the best of my knowledge and belief.

Date _____ Signature _____ Telephone _____ & Fax _____

DO NOT SEND TO IRS

Vendor MUST Print
or Type information

STATE OF ARIZONA

SUBSTITUTE W-9 & VENDOR AUTHORIZATION FORM

DO NOT SEND TO IRS

Vendor MUST Print
or Type information

☒ Taxpayer Identification Number (TIN) ☐ TIN Type ☐ Employer Identification Number (EIN) ☒ State of Arizona HRIS EIN
State of Arizona Employees ONLY

☒ Legal Name
Must match TIN above

☒ Entity Type Select one of the following

- ☐ Corporation (NOT providing health care, medical or legal services) (5A)
☐ Corporation (providing health care, medical or legal services) (5M)
☐ Partnership, LLP (5T)
☐ PLLC, LLC (5C)
☐ Individual/Sole Proprietor (6I)
☐ The US or any of its political subdivisions or instrumentalities (2G)
☐ A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)
☐ Tax-exempt organization under IRC §501 (5O)
☐ An international organization or any of its agencies or instrumentalities (5U)
☐ State of Arizona employee (1E)
☐ Other, Tax reportable entity (5P)

☒ Main Address Where tax information and general correspondence is to be mailed

DBA\Branch\Location

Address

Address continued

City

State

Zip code

☒ Remit to Address ☐ Same as Main

DBA\Branch\Location

Address

Address continued

City

State

Zip code

☒ Certification

Under Penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND
3. I am a U.S. person (including U.S. resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature

Title

Date

STATE OF ARIZONA AGENCY USE ONLY

VENDOR: DO NOT WRITE BELOW THIS LINE

AGY

Agency Authorization

Phone #

Date

STATE OF ARIZONA GAO USE ONLY

VENDOR & STATE AGENCY: DO NOT WRITE BELOW THIS LINE

☐ IRS TIN Matching☐ Corporation Commission☐ HRIS☐ Other☐ Other

Vendor Number

MC

Processed by

Date Processed